

EXHIBIT A

REDACTED

Medicare Claims Office
C/o Noridian Healthcare Solutions, LLC
Attn: Appeals Department
PO Box 6727
Fargo, ND 58108-6727

APPEAL - RE: Claim #17060816193000

The above referenced claim regards an invoice submitted by Imperial Beach Pharmacy dated February 23, 2017. The invoice is for a Continuous Glucose Monitor transmitter, receiver and sensors produced by Dexcom. The denial (new) dated May 12, 2017 (identical to one previously submitted on April 17, 2017) indicates that the claim was denied because "Medicare does not pay for this item or service" it also appears that it is being processed as pharmacy benefit and it should be as a DME.

This appeal is based upon the following facts, I am a Type 1 Diabetic Individual, I have been treated with insulin injections for almost 50 years and have used substantially every then currently accepted method of controlling this condition. During the past twenty years, I have had several severe episodes of hypoglycemia, the first resulted in an automobile accident in which I received a broken neck, back and fractured right hip resulting in air transport to Oregon Health Sciences Hospital in Portland, Oregon. The next incidents resulted in a broken ankle and then a Fractured shoulder. After these incidents, my physician prescribed a CGM, since beginning the use of a CGM I have had no further hypoglycemic incidents resulting in severe injury. The usage of the CGM began prior to having to enroll in Medicare and all my related expenses were covered by my company health insurance policy.

The following attachments for consideration are:

1. Medicare Summary Notice for Part B, pages 1 through 4 are included with the items on pages 4 & 5 circled as they are the items being appealed and page 6 has the required information plus my signature where required. Copies Attached pages 1 - 6
2. CMS issued ruling 1682-R dated January 12, 2017 directing Medicare that continuous glucose monitors (CGM) that are FDA approved to replace finger sticks "therapeutic CGM" are eligible for Medicare coverage. Copies Attached Pages 7-22

3. I have received 3 separate Administrative Law Judge decisions. ALJ Appeal No. 1-4114592042 dated April 29, 2016, ALJ Appeal No. 1-2957975425 Dated August 20, 2015 and ALJ Appeal No. 1-1174677554 dated October 4, 2013. All decisions were favorable and directed Medicare to cover the cost of CGM transmitters, receivers, and sensors. Copies Attached pages 23-38

Thank You,

REDACTED

May 25, 2017



Medicare Summary Notice for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

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5-DIGIT 97504

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Notice for REDACTED

Medicare Number **XXX-XX-7512A**
Date of This Notice **May 12, 2017**
Claims Processed **February 11 -**
Between **May 12, 2017**

Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met your \$183.00 deductible for 2017.

Be Informed!

You can now get your Medicare Summary Notices (MSNs) online! Receive your electronic MSNs (eMSNs) every month by signing up at <https://www.medicare.gov/forms-help-and-resources/e-delivery.html>.

Your Claims & Costs This Period

Did Medicare Approve All Items and Services? **NO**

Number of Items or Services Medicare Denied **3**

See claims starting on page 3. Look for **NO** in the "Item/Service Approved?" column. See the last page for how to handle a denied claim.

Total You May Be Billed **\$3,940.26**

Suppliers with Claims This Period

January 26 - April 16, 2017
Fred Meyer Pharmacy #196

February 3, 2017
Spectrum Orthotics Prosth

February 23, 2017
Imperial Beach Pharmacy

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.

如果需要国语帮助, 请致电联邦医疗保险, 请先说 "agent", 然后说 "Mandarin".

1-800-MEDICARE (1-800-633-4227)

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THIS IS NOT A BILL | Page 2 of 8

Making the Most of Your Medicare

How to Check This Notice

Do you recognize the name of each supplier? Check the dates. Did you make a purchase that day?

Did you get the items/services listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

How to Report Fraud

If you think a supplier or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

Beware of advertisements that read, "This item is approved by Medicare" or "No out-of-pocket expenses."

How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227)

Ask for "medical supplies." Your customer-service code is 19003.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) or free, local health insurance counseling. Call 800-722-4134.

Your Messages from Medicare

To report a change of address, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Do not sell your Medicare number or Medicare Summary Notice.

Have limited income? Social Security can help! For more information on Extra Help with prescription drug costs and how to apply, visit www.socialsecurity.gov on the web or call 1-800-772-1213. TTY users should call 1-800-325-0778.

Planning to retire? Does your current insurance pay before Medicare pays? Call Medicare within the 6 months before you retire to update your records. Make sure your health care bills get paid correctly.

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Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for durable medical equipment and other health care services.

Definitions of Columns

Item/Service Approved?: This column tells you if Medicare covered this item or service.

Amount Supplier Charged: This is your supplier's fee for the item or service.

Medicare-Approved Amount: This is the amount a supplier can be paid for a Medicare item or service. It may be less than the actual amount the supplier charged. Your supplier has agreed to accept this

amount as full payment for covered items or services. Medicare usually pays 80% of the Medicare-approved amount.

Amount Medicare Paid: This is the amount Medicare paid the supplier. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the supplier is allowed to bill you and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medicap policy) or other insurance, it may pay all or part of this amount.



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January 26 - April 16, 2017

Fred Meyer Pharmacy #196, (541)857-4683

1301 Center Dr, Medford, OR 97501-7938

Ordered by Patrick R Hungerford

Quantity, Item/Service Provided Billing Code	Item/ Service Approved?	Amount Supplier Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Lancets, per box of 100 A4259-KX) Documentation on file	Yes	\$63.96	\$5.68	\$4.45	\$1.14	
Total for Claim # 17031845644000		\$63.96	\$5.68	\$4.45	\$1.14	A,B

Notes for Claims Above

Continued →

We have sent your claim to REGENCE BCBS OF OREGON. Send any questions regarding your benefits to them.

After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.

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February 3, 2017**Spectrum Orthotics Prosth, (541)734-2435**

1180 Crater Lake Ave, Medford, OR 97504-6242

Ordered by William D Goforth

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
REDACTED	Yes	\$310.26	\$258.54	\$202.69	\$51.71	
REDACTED	Yes	169.88	141.56	110.99	28.31	
Total for Claim # 17038843781000		\$480.14	\$400.10	\$313.68	\$80.02	C,D

February 23, 2017**Imperial Beach Pharmacy, (619)424-8143**

720 Highway 75, Imperial Beach, CA 91932-1313

Ordered by Patrick R Hungerford

Quantity, Item/Service Provided & Billing Code	Item/Service Approved?	Amount Supplier Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
1 Transmitter; external, for use with Interstitial continuous glucose monitoring system (A9277-GY) Statutorily excluded	NO	\$799.00	\$0.00	\$0.00	\$799.00	E
Claim # 17060816193000						(continued)

Continued →

Notes for Claims Above

- C We have sent your claim to REGENCE BCBS OF OREGON. Send any questions regarding your benefits to them.
- D After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.
- E Medicare does not pay for this item or service.

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February 23, 2017 / Imperial Beach Pharmacy continued...

Quantity, Item/Service Provided Billing Code	Item/ Service Approved?	Amount Supplier Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Receiver (monitor); external, for use with interstitial continuous glucose monitoring system (A9278-GY) Statutorily excluded	NO	649.00	0.00	0.00	649.00	F
0 Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitor (A9276-GY) Statutorily excluded	NO	2,411.10	0.00	0.00	2,411.10	F
Total for Claim # 17060816193000		\$3,859.10	\$0.00	\$0.00	\$3,859.10	G



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Notes for Claims Above

F Medicare does not pay for this item or service.

G We have sent your claim to REGENCE BCBS OF OREGON. Send any questions regarding your benefits to them.

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How to Handle Denied Claims or File an Appeal

Get More Details

If a claim was denied, call or write the supplier and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the supplier to contact our claims office to correct the error. You can ask the supplier for an itemized statement for any item or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

September 14, 2017

If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your supplier: Ask your supplier for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

Find Out More About Appeals

For more information about appeals, read your Medicare & You" handbook or visit us online at www.medicare.gov/appeals.

File an Appeal in Writing

Follow these steps:

- 1 Circle the item(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

Your or your representative's full name (print)

REDACTED

Your or your representative's signature

REDACTED

Your telephone number

REDACTED

Your complete Medicare number

REDACTED

- 4 Include any other information you have about your appeal. You can ask your supplier for any information that will help you.
- 5 Write your Medicare number on all documents that you send.
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

Medicare Claims Office

c/o Noridian Healthcare Solutions, LLC

Attn: Appeals Dept

P. O. Box 6727

Fargo, ND 58108-6727

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Noridian Healthcare Solutions, LLC
P.O. Box 6727
Fargo, ND 58108-6727

Medicare

Return Service Requested

201706073303

6080 0.6871 MB 0.420 MIXED AAC 975
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DME MAC Jurisdiction D
P.O. Box 6727
Fargo, ND 58108-6727
Beneficiary Services:
1-800-MEDICARE
(1-800-633-4227)
1-877-486-2048 (TDD)
Provider Services:
1-877-320-0390

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Medicare Appeal Decision

June 6, 2017

HIC: XXX-XX-X512A
Beneficiary: REDACTED
Date of Service: February 23, 2017
Claim Control Number: 17060816193000

Document Control Number: 17111000345

Dear REDACTED:

This letter is to inform you of the decision on your Medicare Appeal. An appeal is a new and independent review of a claim. You are receiving this letter because you requested an appeal for A9276-GY (Sensor, Invasive (e.g. Subcutaneous), Disposable, For Use With Interstitial Continuous Glucose Monitoring System, One Unit = 1 Day Supply), A9277-GY (Transmitter, External, For Use With Interstitial Continuous Glucose Monitoring System), A9278-GY (Receiver (Monitor) and External, For Use With Interstitial Continuous Glucose Monitoring System).

The appeal decision is unfavorable. Our decision is that your claim is not covered by Medicare.

More information on the decision is provided below. If you disagree with this decision, you may request a reconsideration to the Qualified Independent Contractor (QIC), C2C Innovative Solutions, Inc. You must file your appeal, in writing, within 180 days of receiving this letter. However, if you do not wish to appeal this decision, you are not required to take any action. For more information on how to request a reconsideration, see the section of this letter entitled, "Important Information About Your Appeal Rights."

A copy of this letter was also sent to Solara Medical Supplies.

Noridian Healthcare Solutions (Noridian) was contracted by Medicare to review your appeal.

A CMS Contracted Medicare Administrative Contractor



Summary of the Facts

- Provider: Solara Medical Supplies
- Date of Service: February 23, 2017
- Type of Service: Diabetic Supplies
- A claim was submitted for 90 A9276-GY, 1 A9277-GY, and 1 A9278-GY.
- An initial determination on this claim was made on May 12, 2017.
- The claim denied due to the following:
Medicare does not pay for this item or service.
- On April 21, 2017 we received a request for a redetermination.
- Medicare Summary Notice, appeal letter, Making the Most of Your Medicare, Your Claims for Part B, How to Handle Denied Claims or File an Appeal, CMS Rulings, Department of Health and Human Services letters were submitted with the request.

Decision

We have found that the above mentioned claim is not covered by Medicare. We have also found that the beneficiary is responsible for payment of these services.

Explanation of the Decision

We reviewed the submitted documentation and information in your file. No payment can be made. Local Coverage Determination (LCD) for Glucose Monitors L33822, states, "Continuous glucose monitors (A9276-A9278) are considered precautionary and therefore non-covered under the DME benefit." Please refer to the above for further information.

Who Is Responsible for the Bill?

The services in question denied as patient responsibility. Therefore, you are responsible for the denied charges.

What to Include in Your Request for an Independent Appeal**Special Note to Medicare Providers and Suppliers Only:**

Any additional evidence should be submitted with the request for reconsideration. All evidence must be presented before the Reconsideration is issued. If all evidence is not submitted prior to the issuance of the reconsideration decision, you will not be able to submit any new evidence to the Administrative Law Judge or further appeal unless you can demonstrate good cause for withholding the evidence from the Qualified Independent Contractor.

NOTE: You do not need to resubmit documentation that was submitted as part of the redetermination. This information will be forwarded to the QIC as part of the case file utilized in the reconsideration process.

Sincerely,

Donna C.
Noridian Healthcare Solutions, LLC
A Medicare Contractor

A Medicare Contractor
P.O. Box 6727
Fargo, ND 58108-6727

Resources for Medicare Beneficiaries: If you want help with an appeal, or if you have questions about Medicare, you can have a friend or someone else help you with your appeal. You can also contact your State health insurance assistance program (SHIP). You can find the phone number for your SHIP in your "Medicare & You" handbook, under the "Helpful Contacts" section of www.medicare.gov website, or by calling 1-800-MEDICARE (1-800-633-4227). Your SHIP can answer questions about payment denials and appeals. For general questions about Medicare, you can call 1-800-MEDICARE (1-800-633-4227), TTY/TDD: 1-877-486-2048.

Remember that specific questions about your appeal should be directed to the contractor that is processing your appeal.

Other Resources to Help You:

Beneficiary Services:

Beneficiary Call Center-----1-800-MEDICARE (1-800-633-4227)
Beneficiary TDD-----1-877-486-2048
Beneficiary Website-----www.medicare.gov

Provider Services:

Interactive Voice Recognition (IVR)/Provider Call Center-----1-877-320-0390
Provider TTY/TTD-----1-866-879-2704
Noridian Medicare Website -----<https://med.noridianmedicare.com/web/jddme>

17020024001

20170007130

Reconsideration Request Form

Redetermination/Appeals Number: 17111000345

Directions: If you wish to appeal this decision, please fill out the required information below and mail this form to the address shown below. Items 1, 2, 6a, 6b, 10, & 11 are mandatory; but to help us serve you better, please include a copy of the redetermination notice and complete the information below.

C2C Innovative Solutions, Inc.
QIC DME
PO Box 44013
Jacksonville, FL 32231-4013

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1. Name of Beneficiary: _____
- 2a. Medicare Number: _____
- 2b. Claim Number (ICN/DCN, if available): _____
3. Provider Name: _____
4. Person Appealing: ☐ Beneficiary ☐ Provider of Service
☐ Representative
5. Address of the Person Appealing: _____
- 5a. Telephone Number of the Person Appealing: _____
- 5b. Email Address of the Person Appealing: _____
6. Items you wish to appeal:

6a. Date of Service	6b. Description of the Items You wish to Appeal (for example, Procedure Code/DRG)	6c. Claim Number

7. Does this appeal involve an overpayment? ☐ Yes ☐ No
*Please include a copy of the demand letter with your request.
8. Why do you disagree? Or what are your reasons for your appeal? (Attach additional pages, if necessary): _____
9. You may also include any supporting material to assist your appeal. Examples of supporting materials include:

☐ Medical Records
☐ Copy of the Claim
☐ Certificate of Medical Necessity

☐ Office Records/Progress Notes
☐ Treatment Plan
10. Name of Person Appealing: _____ Phone: _____
11. Signature of Person Appealing: _____ Date: ____/____/____
12. Medicare Administrative Contractor (MAC) Number: 19003